



You can also file the claim and related documentation online at www.kela.fi/omakela (in Finnish) or www.fpa.fi/mittfpa (in Swedish).

More information is available at www.kela.fi/families



If you have questions, please call our customer service number (www.kela.fi/call-kela)



Please make sure to complete the form carefully. Attach all necessary documentation.

We may contact you for further information if necessary.

Send the claim and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.

- i** To qualify, you must participate in the care of your child.
Neither allowance can be paid for more than one child at a time.

If you have not previously claimed benefits from Kela and you have moved to Finland, also complete form Y 77e.

If you are about to travel abroad, also complete form Y 38e.

When to claim: Claims for the flexible or partial care allowance can be backdated by a maximum of 6 months.

1. Claimant

I am

the child's parent other legal guardian of the child.

Personal identity code

Family name and given name

Phone number

E-mail

Occupation

- i** Kela retrieves address data from the population data system.
If you are living temporarily at another address, please write your address in section 9 Additional information.

2. Bank account number

3. Claim

I wish to claim flexible or partial care allowance starting from _____ or

for the following period _____ – _____

Is the child's other parent or guardian claiming care allowance for the same period?

No

Yes. Provide details in section 9 Additional information about the child care arrangements.

4. Child care arrangements

Will you or your spouse/partner receive child home care allowance during the time for which you are claiming flexible or partial care allowance?

- No
 Yes

Who looks after the child when you are working?

5. Child


Name of the child

Personal identity code of the child

The child

- is under 3 years of age.
 is in the 1st or 2nd year of primary education.
 will start school one year later than normal and attend preschool in his/her first year of compulsory education.
 is in extended compulsory education and attends preschool in his/her first year of compulsory education.
 is in extended compulsory education and attends the 1st, 2nd or 3rd year of primary education.

6. Information about your work

 Select all items that apply to you.


I am

- employed. Provide a statement from your employer indicating your total working hours.
 self-employed or a farmer, and insured under the YEL (Self-Employed Persons' Pensions) Act or under the MYEL (Farmers' Pensions) Act.
 a grant recipient and insured under the MYEL (Farmers' Pensions) Act.
 self-employed or a farmer, and not insured under the YEL (Self-Employed Persons' Pensions) Act, nor under the MYEL (Farmers' Pensions) Act.

Will you be an unemployed jobseeker or on job alternation leave during the period for which you are claiming flexible or partial care allowance?

- Yes
 No

7. Information about working hours

 Select one alternative each for the number of hours and the percentage. The claimant for partial care allowance must always state the time worked in hours. As the sum total of hours worked, give the total number of hours you worked as an employee or as self-employed.

The total working hours per week for the period that the claim concerns are on average

- | | |
|---|--|
| <input type="checkbox"/> up to 22.5 hours. | <input type="checkbox"/> up to 60% of the total working hours typical for my industry. |
| <input type="checkbox"/> more than 22.5 hours but not exceeding 30 hours. | <input type="checkbox"/> more than 60% but not exceeding 80% of the total working hours typical for my industry. |
| <input type="checkbox"/> more than 30 hours. | <input type="checkbox"/> more than 80 % of the total working hours typical for my industry. |

My total working hours are as shown above because of

- child care responsibilities.
 some other reason.

8. Enclosures

Employer's statement about total working hours.

① No separate statement is needed from your employer if your employer fills in the statement on page 4.

9. Additional information

① Write the number of the section you are referring to.

10. Signature

I declare that the information I have given is true and accurate. I will notify any changes.

Place and date

Signature and printed name

Information obtained for the purpose of deciding the present matter may be used for other benefit-related matters, if so required under law. Any information obtained within the context of another benefit may also be used to decide the present matter.

Please contact us for more information about which outside sources we may access to obtain additional information about your circumstances and to whom we may provide such information.

Employer's statement about total working hours

i This statement should be completed and signed by your employer.

1. Employee

Personal identity code Family name and given name

2. Total working hours

i Select one alternative each for the number of hours and the percentage. The time worked by the claimant for partial care allowance must always be stated in hours. As the sum total of hours worked, give the total number of hours that the claimant worked as an employee.

The employee's average total working hours in the period _____ – _____ are

- | | |
|--|---|
| <input type="checkbox"/> up to 22.5 hours per week. | <input type="checkbox"/> up to 60% of the total working hours typical for the industry. |
| <input type="checkbox"/> more than 22.5 hours but not exceeding 30 hours per week. | <input type="checkbox"/> more than 60% but not exceeding 80% of the total working hours typical for the industry. |
| <input type="checkbox"/> more than 30 hours per week. | <input type="checkbox"/> more than 80 % of the total working hours typical for the industry. |

The employee's total working hours are as shown above because

- the employee is on partial care leave.
 the employee works part-time.
 other reason, please specify _____

3. Employer's contact details

Name

Address

Postal code

Postal district

Name and telephone number of the person in charge of the case

4. Additional information

5. Signature of the employer

Place and date

Signature and printed name